

# HARRISHEALTH SYSTEM

## Letter of Support/Intent Request Form

Request must be received at least 3 weeks prior to the grant deadline date for your letter to be processed. We will return a signed PDF version of the letter to the contact e-mail you provide.

**\*All fields must be completed. Incomplete forms will be returned.**

CONTACT INFORMATION		
(Letter will be addressed to this person)		
Name:		
Title:		
Institutional Affiliation: <input type="checkbox"/> BCM <input type="checkbox"/> UTHealth <input type="checkbox"/> MDACC <input type="checkbox"/> Other:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Email:	
Date letter required:		
Title of the project:		
PROJECT RESOURCES		
Select the Harris Health ancillary resources needed to complete the project. If none needed, answer N/A:		
Clinical Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Investigational Drug Services (IDS): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Radiology: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Information Technology support (identification of patient population, recruitment, data collection, data abstraction, database development, custom Epic build, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Harris Health Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check below:		
<input type="checkbox"/> Participant identification and pre-screening (recruitment)		
<input type="checkbox"/> Screening		
<input type="checkbox"/> Laboratory specimen collection		
<input type="checkbox"/> Laboratory process and/or ship samples		
<input type="checkbox"/> Medication administration		
<input type="checkbox"/> Other (please describe)		

Space needed (i.e., conference rooms, office space, etc.):  Yes  No

If yes, please describe:

### PROJECT INFORMATION

Provide a brief summary or abstract of the project proposal, including target population, intent for conducting the project, and procedures to be used.

List the expected measurable outcomes of the project:

Explain how this project contributes to Harris Health System's overall mission:

Name of the Harris Health Pavilion Administrator you spoke to about this project (i.e., Dr. Glorimar Medina, Dr. Jennifer Smalls, Patricia Darnauer):

Are any Harris Health employees serving on the research study/project team (i.e., Principal Investigator, Co-Investigator, Collaborator)? Please discuss the employee's participation and provide written approval from immediate supervisor.

Yes

No

If YES, provide the name(s) of the employee(s), a detailed explanation of responsibilities, expectations, time commitments, and salary reimbursement:

State how you will minimize the impact on clinic/patient workflow when implementing this study/program:

**GRANT INFORMATION**

Name of Grantor Agency that you are applying to:

**REQUEST INFORMATION**

Is this a continuation, expansion, resubmission, or new project?

- Continuation
- Expansion
- Resubmission
- New Project

\*For resubmission request, provide original title of project, name of PI, and date of original letter:

If this is a continuation or expansion project, document the current outcome attainment to date:

Choose type of study/project:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Drug Study   | <input type="checkbox"/> Sample or Data Collection   | <input type="checkbox"/> Program Project       |
| <input type="checkbox"/> Device Study | <input type="checkbox"/> Comparative Treatment Study | <input type="checkbox"/> Demonstration Project |

Types of patients to be enrolled:

- Inpatient
- Outpatient (includes Emergency Center patients)
- Both Inpatient and Outpatient

List the specific pavilion(s)/community health center(s)/clinics(s) to be utilized for project: